

PRINTING CONTRACT ORDER FORM

CUSTOM CONTINUOUS MAILERS

Contract No.: 405383

Agency's Order No.: _____

Delivery Address:

Billing Address:

(Agency)

(Agency)

(Mailing address)

(Mailing address)

(City/State/Zip Code)

(City/State/Zip Code)

(Delivery contact person)

(Accounts Payable Contact)

Name/Description of Form: _____

Quantity: _____ Exact Reprint?: _____ Delivery desired: _____

Size: _____ No. of Parts: _____

Paper for each part: (1) _____ (3) _____ (5) _____

(2) _____ (4) _____ (6) _____

Composition (front/back, parts same/different, ink colors, etc.): _____

Materials provided: _____

Additional specifications/instructions: _____

Agency contact for questions: _____

Phone: _____ Fax: _____ Email: _____

Approving Authority:

Print Name

Signature

Date